

Questions/Comments on IHSS Social Worker Training Academy Issues:

Q: How to align county trainings with State trainings?

A: *CDSS is aware that some counties, such as Los Angeles, have their own formalized training for staff. It is recommended that all county staff attend the Social Worker Training Academy in addition to whatever else the county chooses to train.*

Q: LA County will hire about 100 new workers in the next month or so. Will they still be able to attend Phase 1? Will they be able to understand the materials in Phase 1 training?

A: *CDSS is aware that there will always be a need for this training, and per SB 1104, the Training Academy will continue. Phase 1 of the training will be available on a limited basis in the future so new staff can attend. In the training, staff benefit from having some IHSS experience so they have a basis for understanding the concepts, which will enable richer class discussion. Evaluations received from this training indicate that the class has been beneficial to both new and seasoned IHSS workers.*

Q: Many participants have not viewed the Uniformity Video prior to attending the Training Academy. Where can they obtain a copy of this video?

A: *Viewing the “Uniformity in Action” training video before attending the class is a prerequisite of the Training Academy. All counties were provided with Uniformity Training videos and workbooks as well as facilitators guides. Counties that do not have these materials should contact The Quality Assurance Operations Support Unit at (916) 229-3494 to obtain new copies.*

C: We would like training on guidelines for Protective Supervision and on assessing children.

A: *Tentatively, Phase 2 of the Training Academy is scheduled to cover both Protective Supervision and assessing children. Phase 2 is scheduled to be held between January and June 2006.*

Q: Why aren't developmental disabilities such as autism, for example, included in the mental health section of the training?

A: *CDSS contacted CWDA and all counties to identify the issues they most wanted in the Training Academy. Developmental disabilities in general and autism in particular were not identified as high priorities. Assessing the needs of those with mental illness was identified, and the curriculum included information about assessing the needs of people with schizophrenia, severe depression and hoarding/cluttering behaviors. These three were selected as being the most prevalent mental illness social workers face and need assistance on based on the advice of CWDA. Future Training Academy sessions may deal with developmental disabilities if there is a concurrence from CWDA that this is a population that should be addressed specifically.*

C: This training should be mandatory for all counties or it will not work.

A: *Per SB 1104, WIC Section 12305.7, CDSS is required to develop a statewide training program for county IHSS/PCSP workers, managers, QA staff, state hearing officers, and public authority or non-profit consortium staff. The training is to be on the IHSS/PCSP Uniformity System and other elements of IHSS/PCSP QA and program integrity as they are developed. CSUS/CDSS is presenting the training throughout California with the belief that the required individuals will attend.*

Q: Training is also needed for State Hearing Judges. How will the State handle this?

A: *Per SB 1104, State Hearing Officers are to be included in the statewide training. A recent training class in Los Angeles was attended by an Administrative Law Judge (ALJ). However most of the ALJs have not been able to attend due to heavy caseload issues. CDSS is currently looking into combining a Phase 1/Phase 2 Training Academy for ALJs as part of a proposed annual ALJ conference planned for April 2006.*

Q: Is this Uniformity Training or an effort to reduce hours?

A: *This is Uniformity Training, not an effort to reduce hours. The purpose of the Training Academy is to promote consistent assessments and assignment of functional levels and authorization for needed IHSS.*

Q: Why is the State making the counties change the way they do IHSS?

A: SB 1104 requires the State to provide the counties with statewide training to facilitate consistency with regulations and to create statewide uniformity. This will assure consumers are treated equitably in every county.

Q: Why can't the State leave the current caseload alone? Can they implement these rules on the new intake cases only?

A: In order to obtain statewide equity, all cases must be assessed in a similar manner. This includes the existing caseload which can and should be reassessed (at their regular scheduled reassessment) using the training/tools that the social workers were given in the Training Academy.

Q: We have training rooms in our offices. Why is the State making us travel such a long distance for training?

A: Whenever possible, we wanted to schedule training away from the office so that staff was able to focus on the issues of training and not feel conflicted by the need to return telephone calls or the need to deal with caseload issues during breaks. CSUS attempted to schedule the training in the most convenient locations for all participants. Due to time and space restraints, not all office meeting rooms could accommodate the schedule for the Training Academy.

Questions/Comments on Services:

Q: When the provider is assisting the consumer "to and from" the bathroom, where is the time assessed? Ambulation or Bowel/Bladder?

A The current policy of the State has been flexible on this issue. The time assisting the consumer "to and from" the bathroom has been allowed under either Ambulation or Bowel/Bladder, as long as the assessed time was not duplicated. Proposed draft regulations will alleviate this confusion. In the revised regulations, assisting the consumer "to and from" the bathroom will be clearly defined as being assessed under Ambulation.

Q: Is Range of Motion assessed under Paramedical or Rubbing Skin and Repositioning?

A: *If the provider needs to assist the consumer to perform ROM exercises and the exercises are such that the provider needs to be trained by an OT or PT because the provider needs to use judgment or could harm the consumer if not done correctly, the service is Paramedical. On the other hand, if the provider is supervising exercises the consumer is performing to restore movement or it is maintenance therapy that does not need special training, the service is authorized under Rubbing Skin. The controlling issue is not whether the doctor puts it on a Paramedical Services Form (SOC 321); it is the level of skill involved.*

Q: What about cultural variations in meal preparation? You cannot cook an Armenian meal in 30 minutes. It takes 2 hours.

A: *Currently, there is no State hourly task guideline for meal preparation. Time guidelines that are being developed and implemented will address the issue of cultural issues in meal preparation. However, one issue that needs to be taken into consideration is the amount of “active time” a provider needs to devote to the preparation of meals. The provider is expected to perform other tasks while food is cooking if their constant attention is not required. Also, the possibility that 2 hours of meal prep time could provide food for several meals should be considered when assessing time.*

Q: What is considered “on premises” with regards to laundry facility? State regulations do not mention apartment complexes with laundry facilities.

- a) In the building, yet outside the apartment unit?**
- b) Outside the apartment unit, yet on the apartment premises?**

A: *Both (a) and (b) are correct. The State’s policy is that “on the premises” means in the consumer’s home or in a laundry facility located on the premises of, for example, a senior assisted living center, apartment complex, or a mobile home park.*

Q: We hate the word “consumer”. People do not consume services. Client is a word that indicates a professional relationship.

A: *It is true that social workers are used to serving “clients.” However, the disability community prefers to be called “consumers.” We are deferring to their requests in the use of terminology when referring to them.*

Questions/Comments on Proration:

Q: We feel proration of Domestic and Related Services are unfair.

A: *In-Home Supportive Services are available for the consumer only, necessitating proration when needs are met in common with others in the household.*

Q: We need clarification of regulations for when two IHSS consumers live together with regards to:

- a) Having the same provider, yet provider states they perform tasks separately for each consumer;**
- b) Having different providers.**

A: *a): When two individuals reside in the same household, domestic services regulations (MPP 30-763.311-763.314) instruct that only areas used in common should be prorated equally (MPP 30-763.313). Areas not used by the consumer are not considered in determining the consumer's individual need (MPP 30-763.312), and areas used solely by the consumer are assessed solely on the consumer's individual need (MPP 30-763.314). Typically every IHSS consumer has access to the "common areas, such as the living room and kitchen. It is important to determine which areas are used in common. Does the consumer share a bathroom or have sole access to one? How do the bedrooms compare in size? How much time does it take to clean each area? These are questions that must be asked by the social worker. MPP 30-763.331 states that Protective Supervision provided to two or more housemates must be considered a common need and be prorated. Personal Care Services are never prorated.*

b) When two individuals reside in the same household and they have different providers, they are assessed as living independently. Services are not prorated if the providers are performing services separately for each consumer (cooking meals, washing clothes, etc.). However, Domestic Services for areas used in common are prorated. Providers are paid for the portion of the housecleaning he/she does.

Questions/Comments on Time Guidelines:

C: The current time per task guidelines are unrealistic.

A: *SB 1104 mandates that CDSS develop hourly task guidelines. A group of stakeholders including the County Welfare Director's Association (CWDA), public authorities, unions, consumers, providers and other advocates are working on the new guidelines. It was determined that the existing guidelines for Domestic, Laundry, and Shopping were adequate.*

C: The County and State need to get together on authorizing hours.

A: The Hourly Task Guidelines Workgroup has been developing an hourly task guideline that will specify an average time range to perform necessary tasks associated with each assessed need. County staff will be trained on the use of these Hourly Task Guidelines in the near future.

C: The class routinely over authorizes hours for Domestic Services because they believe the time for task guidelines are so parsimonious, so unrealistic, for their clients. They want these to be changed to reflect the time really needed, and they want the new guidelines to reflect what is more “reasonable” as well.

A: Many people have complained about this issue. However, there is no plan at this time to change these guidelines. They are in the regulations and therefore should be used for all consumers except those whose circumstances warrant an exception. For example, if the consumer is incontinent, there may be a basis for increasing time for Domestic Services to change sheets more frequently and more time may be justified for Laundry Services. On the other hand, if a person lives in a studio apartment or single room occupancy hotel, 6 hours per month would probably be excessive.

Questions/Comments on Scenarios:

C: DME exercise with Jason. The class felt that Jason should be a Rank 3 on Bathing. Although he has a roll-in shower, it will be unsafe for him to clean his bottom.

A: The State’s ranking was based on what was written in the scenario. It indicated that Jason has good upper-body strength and he is able to roll himself into the shower and needs no assistance cleaning his body. The social worker may discover additional information during the home visit which could change this FI score. The deciding factor would be what part of his spinal cord has been injured. Admittedly, if the injury is very low, he would not be able to shift his weight from one side to the other to bathe his bottom.

C: Protective Supervision exercise with Joe. The class felt that Joe should be given Protective Supervision because he has a pattern of behavior that is a threat to himself and to others. The class also felt that his judgment should not be a Rank 1 because he thinks people are following him so his state of thinking is not clear.

A: *MPP 30-757.171(c) and (d) read, “Protective Supervision is NOT available in anticipation of a medical emergency or to prevent or control anti-social or aggressive consumer behavior.” The State felt that Joe’s behavior is aggressive in nature and therefore Protective Supervision would not be allowed. However, this is only a scenario and the social worker may discover additional information during the home visit which could change this decision. Rank 1 for Judgment is described as “Judgment unimpaired, able to evaluate environmental cues and respond adequately.” The state felt that although Joe does exhibit strange behavior, his ability to evaluate situations and respond adequately is not impaired. This could also change after the home visit.*

C: *Scenario with Emily: The class felt that she should not be given a Rank 5 in Mobility Inside since she is bed-bound and never ambulates.*

A: *Rank 5 for Mobility is defined as “Totally dependent upon others for movement. Must be carried, lifted or pushed in a wheelchair or gurney at all times.” The State felt that this was the most appropriate rank for Emily with the information given in the scenario. The social worker may discover additional information at the home which could substantiate or dispute this ranking.*

Miscellaneous Questions/Comments:

C: *Social workers would like all regulations to be made available on-line with easy/quick search for specific regulations.*

A: *The regulations and IHSS Social Worker Training Academy Manual (which includes the Annotated Assessment Criteria) are currently on-line. They can be accessed through the IHSS QA webpage <http://www.dss.cahwnet.gov/dapd/>*

C: *A standard method for processing refused services is needed.*

A: *There is a standard process for this. (See CMIPs Manual, page V-B-28, if viewing the CMIPs Manual on-line it is found on page 194 of 726). Besides the CMIPs data, there should be additional documentation in the case record describing the circumstances of the refusal. There are two major benefits to workers completing the SOC 293 correctly; 1) the NOA shows that the service would have been authorized if the consumer had not refused; and 2) if the consumer changes his/her mind, the worker can change the SOC 293 authorizing the task without having to reassess.*

Q; How does the State compute the Functional Index?

A: The Functional Index is a system generated number between 1 and 5 which indicates the relative need of a consumer for IHSS. Individual scores from Field H1 (on the SOC 293) and Functional Limitations are weighted to provide the Functional Index Ranking for each consumer. CMIPs does apply a weight to the score of each function to come up with a single Functional Index Score. However, that score has been tested and is not meaningful, so it is a moot point.

Q: Is Social Security taking a look at how they grant a person benefits?

A: No, The Social Security Administration guidelines for allowing or denying a person for Title II or Title XVI disability benefits are not being changed. Information on Social Security benefits can be accessed at <http://www.ssa.gov/>